

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1943MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 38
711

Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 Days.
(Specify whether
In this community 35 Years In St. Louis,
years, months or days)

3. (a) PRINT FULL NAME WILLIAM BATTS.

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 52 years
JULIA BATTS.
7. Birth date of deceased. Aug 7th 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 16 hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired11. Industry or business Merchant12. Name Thos Betts13. Birthplace Cadiz Ky
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Jane Barns15. Birthplace ?
(City, town, or county) (State or foreign country)16. (a) Informant Robert Batts(b) Address 3843 Mc Ree Ave.17. (a) Burial (b) Date thereof 1-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maplewood Cem Mayfield Ky18. (a) Signature of funeral director Thos Julius & Son(b) Address 2906 Gravois19. (a) Jan 25 1943 (b) J. F. Brudeck
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1723 S 8th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1943 hour 11 50 minute P.M.

21. I hereby certify that I attended the deceased from January 20, 1943 to January 23, 1943
that I last saw him alive on January 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhageDue to Cerebral arteriosclerosis + cerebral hypertensionDue to 80

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cerebral apicalfluid xanthochromicOf autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Homer A. Sweetman (M. D. or other)Address St. Louis City Hosp Date signed 1-25-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.
working under my personal supervision.

Signed.....

David Vane Fossan.

Licensed Embalmer No.

4242

P. O. Address

2906 Hiawatha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.